

MEDIATOR REPORT

Mediator Name: _____ Case Number: _____
(please print)

Referring Judge: _____ County: _____

1. Type of case:

- ☐ Divorce ☐ Paternity ☐ Post-judgment
☐ Custody ☐ Guardianship ☐ Other _____

2. This case/relevant petition was filed on (date, if known): ____/____/____

- 3. I was:** ☐ selected by the parties
☐ appointed by the Court as the Mediator in this matter on (date): ____/____/____

4. Mediation:

- A. ☐ Was not held because:
[] An agreement was reached prior to mediation
[] One or both parties failed to attend
[] An impediment was found to exist
[] Other reason _____
- B. ☐ Took place - Date began: ____/____/____ Date ended: ____/____/____
Number of sessions: _____
Total hours in mediation for all sessions: _____ Hours of preparation: _____
Fee/Rate per hour or case: \$ _____ Total amount: \$ _____
- C. ☐ Has been continued to: ____/____/____

5. Participants to the mediation:

- ☐ Mother ☐ Father ☐ Guardian ad litem
☐ Mother's attorney ☐ Father's attorney ☐ Step-Parent/s: (number) _____
☐ Children: (number) _____

6. Issues mediated/ended in:

(Check all that apply)

- | | Full Agreement | Partial Agreement | No Agreement |
|---|----------------|-------------------|--------------|
| <input type="checkbox"/> Child Custody | [] | [] | [] |
| <input type="checkbox"/> Child Visitation | [] | [] | [] |
| <input type="checkbox"/> Removal to another state | [] | [] | [] |

7. Interpreter Needed:

- ☐ No
☐ Yes If yes: ☐ Requested and provided ☐ Requested and not provided

Signed: _____ Date: _____

In accordance with Supreme Court Rule 905 copies of this Report must be:

1. Filed with the Clerk of the Circuit Court in the county where the case is filed; and 2. Sent to:

Arbitration Administrator for the 11th Judicial Circuit of Illinois
McLean County Health Department RM 400B
200 W. Front Street
Bloomington, IL 61701
309.827.9700 (FAX)
Rachel.Bunner@mcleancountyil.gov